

**INSTRUCTIONS FOR FILING APPLICATION  
FOR FACULTY LIMITED LICENSE**

**2006**

In order to obtain a faculty-limited license you must have received an appointment as a full-time faculty member of one of the Commonwealth's dental schools. If granted a license, you may only practice in conjunction with the dental school programs in which you are a faculty member and may only provide services to patients of these programs. **A letter must accompany your application from the Dean or Program Director of the Dental School stating that you have been appointed as a faculty member and the department in which you will be working.**

1. \_\_\_\_ When completing your application, you must use the name under which you desire to be licensed. The application must be accompanied by a check made payable to the Kentucky Board of Dentistry in the amount of \$280.00. The application must be completed and sworn before a Notary Public.
2. \_\_\_\_ Submit an official copy of your complete dental school transcript with your degree posted on it. This must have a seal or registrar's stamp. This must be sent directly to the Board office.
3. \_\_\_\_ Your National Board Score Card (copies not accepted) if applicable. Call 800-621-8099 to request it to be sent directly to the Board office.
4. \_\_\_\_ You must sign a statement (attached) regarding restriction of limited licensure.
5. \_\_\_\_ Provide proof of having taken a Kentucky Cabinet for Health & Family Services approved HIV/AIDS course within the last year. To obtain a current list of the approved courses call 502/564-6539 or check the Web site at: <http://chfs.ky.gov/dph/training>.
6. \_\_\_\_ You are required to pass a Kentucky jurisprudence examination. You may obtain a booklet, which contains the laws and regulations by sending a check to the Board office in the amount of \$10.00 made payable to the Kentucky Board of Dentistry. You may come to the Board office, 8:00 a.m. – 12 noon or 1:00 p.m. – 4:30 p.m. Monday – Friday to take this test. No appointment is necessary. This is an open book test and you must have your book the day of the test.
7. \_\_\_\_ You must show proof of being current in BLS. Make copy of the front and back of our card and send with application.

**IF YOU HAVE BEEN LICENSED PREVIOUSLY IN ANOTHER STATE YOU MUST:**

7. \_\_\_\_ Submit current (within 3 months) letters verifying good standing for each and every state in which you hold or have previously held a license. This must be sent directly to the Board office from the verifying agency.
8. \_\_\_\_ Fill out the enclosed application for the National Practitioners Data Bank Report and submit it with your licensure application and the \$25.00 processing fee. The report will be run at the Board office.

Limited licenses are subject to biannual renewal by December 31st of each year. The license will automatically expire upon termination from the program and you need to notify the Board office of this.

**Mail application and fee to:**

**KENTUCKY BOARD OF DENTISTRY  
10101 LINN STATION RD, STE 540  
LOUISVILLE KY 40223  
PHONE: 502/429-7280**

Rev. 5/06

**MEMORANDUM  
STATEMENT REGARDING LICENSURE LIMITATIONS  
FACULTY LIMITED LICENSE**

It is with appreciation that I acknowledge the circumstance under which my licensure by the Kentucky Board of Dentistry has been effected. It is acknowledged that I was afforded this special consideration in order that I might be licensed in the Commonwealth of Kentucky to carry out my patient care functions as a faculty member, by or associated with one of the Commonwealth's dental schools programs and that I may only practice dentistry in conjunction with this program and may only provide professional services to patients of this program. It is further understood that this license is subject to annual renewal and shall automatically expire upon termination of my status as faculty in this program.

Signed: \_\_\_\_\_

Name of University : \_\_\_\_\_

Current date: \_\_\_\_\_

## **CHECKLIST FOR LIMITED LICENSURE**

Items to send with application:

1. \_\_\_\_ Application with photo & affidavit
2. \_\_\_\_ Proper fee
3. \_\_\_\_ Letter from the Dean or Director of your program stating your acceptance.
4. \_\_\_\_ National Board Score Card
5. \_\_\_\_ Approved HIV/AIDS course
6. \_\_\_\_ Official transcript with degree posted
7. \_\_\_\_ Jurisprudence exam
8. \_\_\_\_ Signed statement regarding licensure
9. \_\_\_\_ Front and Back of current CPR card
10. \_\_\_\_ License verifications
11. \_\_\_\_ National Practitioners Data Bank Report Application